The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program combines screening, diagnostic and treatment services to Medicaid-eligible individuals from birth to age 21. These services give children early access to preventive and comprehensive health care to help prevent disease and/or detect disabilities in their early stages, when they are more effectively treated.

Know the Mandatory Screening Components
An EPSDT screening for UnitedHealthcare Community Plan members must include the following:

- Screening services, including a comprehensive health and developmental history, including both physical and mental development, nutritional assessment and all appropriate immunizations according to age and health history
- An unclothed physical exam
- Laboratory tests, including:
  - hemoglobin and hematocrit
  - urinalysis
  - iron level
  - TB skin testing
  - cholesterol screening (between ages 9 and 11)
  - HIV screening
  - Cholesterol screening (between ages 9 and 11)
  - sickle cell anemia screening
  - blood lead level testing
- Health education including anticipatory guidance
- Vision and hearing services
- Dental screening and dental care
- Dental risk assessment for 6 to 8 months and 9 to 11 months of age
- Screenings: Autism, Developmental, HIV, and Depression Screening
- Mental health services and referrals to behavioral health or medical providers
- Teenage pregnancy services or referral for those services
- All other medically necessary health care, diagnostic services and treatment measures

Other Resources
For screening eligibility and EPSDT screening details, please go to uhccommunityplan.com > For Health Care Professionals > Select your state – Pennsylvania > Bulletins > 2015 Bulletins - Pennsylvania Department of Human Services ESPDT Bulletin and Revised EPSDT Periodicity Schedule, where you will find:

- EPSDT Program Periodicity Schedule and Coding Matrix
- Recommended Childhood Immunization Schedule
- Dental Periodicity Schedule per the American Academy of Pediatric Dentistry

In cases of suspected developmental delay or elevated blood lead levels (lead level >10), the primary care provider must contact CONNECT at 800-692-7288 to refer the child for early intervention.
**EPSDT Billing Guidelines**
Please refer to the following EPSDT Periodicity Schedule and Coding Matrix when billing for these services.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>EPSDT Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Patient</strong></td>
<td><strong>Established Patient</strong></td>
</tr>
<tr>
<td>99381 Age &lt; 1 year</td>
<td>99391 Age &lt; 1 year</td>
</tr>
<tr>
<td>99382 Age 1-4 years</td>
<td>99392 Age 1-4 years</td>
</tr>
<tr>
<td>99383 Age 5-11 years</td>
<td>99393 Age 5-11 years</td>
</tr>
<tr>
<td>99384 Age 12-17 years</td>
<td>99394 Age 12-17 years</td>
</tr>
<tr>
<td>99385 Age 18-20 years</td>
<td>99385 Age 18-20 years</td>
</tr>
</tbody>
</table>

**Billing Tips**
- If you detect an illness during the well visit, do not change the coding to a sick visit. Use Z76.1, Z76.2, Z00.121, or Z00.129 as the primary diagnosis codes. The second diagnosis is then determined by the detected illness.
- Claims should include the customary fee for the EPSDT E&M codes. Payment of EPSDT claims is subject to the contracted fee.
- The 52 and 90 modifiers for lab services must be used, where appropriate, for the claim to be paid in full.
- EPSDT referral codes (block 10d of CMS-1500), including: YD (dental), YM (medical), YV (vision), YH (hearing), YB (behavioral health), YO (other referral) **must be included** on the claim.
- Enter Visit Code 03 (Block 24h of CMS-1500) when providing EPSDT services.
- Newborn EPSDT screens performed in the inpatient hospital setting, ICD Z38.00 must be used as primary with Z76.1, Z76.2, Z00.121, or Z00.129 as a secondary field. Submit CPT code 99460 for newborn care during the admission and 99463 for newborn care on the day of discharge.
- Autism screening is required for the 18-month and 24-month visit. This screening must be billed with CPT code 96110 with a U1 modifier.

**Contact Information**
If you have questions, call UnitedHealthcare Community Plan Provider Services at 800-600-9007.